

Request For Approval For Attendance At Events

Department of _____

Name _____

Division _____

Title _____ Telephone # _____ Fax # _____

Event _____

Sponsor _____

Is the sponsor an "interested party"? Yes ☐ No ☐

Is the sponsor a nonprofit organization? Yes ☐ No ☐

If Yes, is the employee or agency a member? Yes ☐ No ☐

Does the organization have any contracts with the State? Yes ☐ No ☐

Event Location _____ Date(s) _____

Overnight accommodations required? Yes ☐ No ☐

Out-of-state travel required? Yes ☐ No ☐

Estimated cost? _____

Agency to pay cost? Yes ☐ No ☐

Sponsor to pay cost? Yes ☐ No ☐

Employee to pay cost? Yes ☐ No ☐

Reason for attendance:

Has sponsor offered an honorarium or fee? Yes ☐ No ☐

Employee Signature

Date

Attendance approved? Yes ☐ No ☐

Note: Acceptance of honoraria or fees
is not permitted.

Conditions:

Signature _____ Date _____